

State of Tennessee Department of Labor and Workforce Development Employer Services Unit 500 James Robertson Parkway Nashville, Tennessee 37245-3555

Power of Attorney

This is to cer	tify:			
Located at: _				
City:		State:	Zip:	
Phone:		Fax:		
is authorized	to represent (empl	oyer)		
Applied For □			Employer's Federal Employer Identification Number:	
Applied For		Employer's Tennessee Employer Account Number:		
before the Te	ennessee Departme	nt of Labor and Workforce Deve	elopment for the item(s) checked below	
	npleting and filing am and Wage Repo	1 2	penefit charge management.	
This authoriz	ation supersedes a	Il prior Powers of Attorney.		
Employer	Name:			
Trade Na	me:			
Mailing A	Address:			
Required:				
Authorized Employer Signature: _		::	Date:	
Print Name o	of Signer:		Title:	
Return to:	Employer Servic	tson Parkway, 8th Floor	velopment Phone: 615-741-2486 FAX: 615-741-7214	

LB-0927 RDA/NA